

**Congress of the United States**  
**House of Representatives**  
**Washington, DC 20515-3227**

The Privacy Act of 1974 prohibits federal agencies from releasing personal information about an individual without that individual's expressed written consent. In order for me to be of assistance to you, please complete and return this form as soon as possible.

Mail the completed form to my Buffalo, NY District Office at 726 Exchange Street, Buffalo, NY 14210.

I, \_\_\_\_\_, authorize  
(Print your name)

Congressman Brian Higgins to obtain any information he may request from

\_\_\_\_\_  
(Agency/Agencies)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone Number: \_\_\_\_\_

Social Security or Claim Number: \_\_\_\_\_

Brief Explanation of Problem: \_\_\_\_\_  
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